

**Alabama Medicaid Agency  
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, September 10, 2008  
Preferred Drug List Final**

Date Posted: 9/24/08

**AHFS Drug Class Re-reviewed: HYPOTENSIVE AGENTS**

**Subclasses Reviewed**

- Central Alpha-Agonists - Single Entity
- Central Alpha-Agonists - Combination
- Direct Vasodilators - Single Entity
- Direct Vasodilators - Combination
- Peripheral Adrenergic Inhibitors
- Hypotensive Agents, Miscellaneous

**AHFS Drug Class Re-reviewed: ALPHA-ADRENERGIC BLOCKING AGENTS  
SINGLE ENTITY AGENTS**

**AHFS Drug Class Re-reviewed: BETA-ADRENERGIC BLOCKING AGENTS**

**AHFS Drug Class Re-reviewed: BETA-ADRENERGIC BLOCKING AGENTS  
COMBINATION AGENTS**

**AHFS Drug Class Re-reviewed: CALCIUM-CHANNEL BLOCKING AGENTS**

**Subclasses Reviewed**

- Dihydropyridines - Single Entity
- Dihydropyridines - Combination
- Calcium-Channel Blocking Agents, Miscellaneous

**AHFS Drug Class Re-reviewed: RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS**

**Subclasses Reviewed**

- Angiotensin-Converting Enzyme Inhibitors - Single Entity
- Angiotensin-Converting Enzyme Inhibitors - Combination
- Angiotensin II Receptor Antagonists - Single Entity
- Angiotensin II Receptor Antagonists - Combination
- Mineralocorticoid (Aldosterone) Receptor Antagonists - Single Entity
- Mineralocorticoid (Aldosterone) Receptor Antagonists - Combination
- Renin Inhibitors - Single Entity
- Renin Inhibitors - Combination

**AHFS Drug Class Re-reviewed: DIURETICS**

## **Subclasses Reviewed**

**Loop Diuretics**

**Potassium-Sparing Diuretics - Single Entity**

**Potassium-Sparing Diuretics - Combination**

**Thiazide Diuretics**

**Thiazide-like Diuretics**

## Central Alpha-Agonists Single Entity Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	CATAPRES* CATAPRES-TTS TENEX*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Central Alpha-Agonists Combination Agents

PREFERRED  
GENERIC/OTC

PREFERRED  
BRAND

NON-PREFERRED  
BRAND

All covered products    NONE

NONE

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Direct Vasodilators Single Entity Agents

PREFERRED  
GENERIC/OTC

PREFERRED  
BRAND

NON-PREFERRED  
BRAND

All covered products

NONE

PROGLYCEM

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Direct Vasodilators Combination Agents

### PREFERRED GENERIC/OTC

All covered  
products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND

BIDIL

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Peripheral Adrenergic Inhibitors

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND

NONE

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Hypotensive Agents, Miscellaneous

PREFERRED  
GENERIC/OTC

PREFERRED  
BRAND

NON-PREFERRED  
BRAND

All covered products    NONE

INVERSINE

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted



## Alpha-Adrenergic Blocking

### PREFERRED GENERIC/OTC

All covered  
products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND

CARDURA\*  
CARDURA XL  
HYTRIN\*  
MINIPRESS\*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Beta-Adrenergic Blocking Single Entity Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	BETAPACE* BETAPACE AF* BYSTOLIC COREG* COREG CR CORGARD* INDERAL* INDERAL LA* INNOPRAN XL KERLONE* LEVATOL LOPRESSOR* SECTRAL* TENORMIN* TOPROL XL* TRANDATE* ZEBETA*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Beta-Adrenergic Blocking Combination Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	CORZIDE* INDERIDE* LOPRESSOR HCT* TENORETIC* TIMOLIDE ZIAC*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Dihydropyridines Single Entity Agents

### PREFERRED GENERIC/OTC

All covered  
products

### PREFERRED BRAND

DYNACIRC CR

### NON-PREFERRED BRAND

ADALAT CC\*  
CARDENE\*  
CARDENE SR  
NIMOTOP\*  
NORVASC\*  
PLENDIL\*  
PROCARDIA\*  
PROCARDIA XL\*  
SULAR\*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Dihydropyridines Combination Agents

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

EXFORGE

### NON-PREFERRED BRAND

AZOR

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Calcium-Channel Blocking Agents, Miscellaneous

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	CALAN* CALAN SR* CARDIZEM* CARDIZEM CD* CARDIZEM LA COVERA-HS DILACOR XR* ISOPTIN SR* TIAZAC* VERELAN* VERELAN PM*

Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Angiotensin-Converting Enzyme Inhibitors Single Entity Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
All covered products	ACEON	ACCUPRIL* ALTACE* CAPOTEN* LOTENSIN* MAVIK* MONOPRIL* PRINIVIL* UNIVASC* VASOTEC* ZESTRIL*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Angiotensin-Converting Enzyme Inhibitors Combination Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	ACCURETIC* CAPOZIDE* LEXXEL LOTENSIN HCT* LOTREL* MONOPRIL HCT* PRINIZIDE* TARKA UNIRETIC* VASERETIC* ZESTORETIC*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted



## Angiotensin II Receptor Antagonists Single Entity Agents

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

AVAPRO  
BENICAR  
COZAAR  
DIOVAN  
MICARDIS

### NON-PREFERRED BRAND

ATACAND  
TEVETEN

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Angiotensin II Receptor Antagonists Combination Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	AVALIDE BENICAR HCT DIOVAN HCT HYZAAR MICARDIS HCT	ATACAND HCT TEVETEN HCT

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Mineralocorticoid (Aldosterone) Receptor Antagonists Single Entity Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON- PREFERRED BRAND</u>
All covered products	NONE	ALDACTONE* INSPIRA*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Mineralocorticoid (Aldosterone) Receptor Antagonists Combination Agents

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND

ALDACTAZIDE\*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Direct Renin Inhibitors Single Entity Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	TEKTURNA

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Direct Renin Inhibitors Combination Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	TEKTURNA HCT

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Loop Diuretics

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	BUMEX* DEMADEX* EDECRIN LASIX*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Potassium-Sparing Diurectics Single Entity Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	NONE

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted



## Potassium-Sparing Diuretics Combination Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	DYAZIDE* MAXZIDE*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Thiazide Diuretics

### PREFERRED GENERIC/OTC

All covered products

### PREFERRED BRAND

NONE

### NON-PREFERRED BRAND

DIURIL\*  
MICROZIDE\*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

## Thiazide-like Diuretics

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
All covered products	NONE	THALITONE* ZAROXOLYN*

\* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted